MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

24966

File No.

Registered No. 638

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No.

City St. Louis, Mo. (No. DePaul Hospital St. Ward)

2. FULL NAME Daniel Hamm

(a) Residence, No. 912 N. Main Street St., 25 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

AUG 26 1933

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Helen Hamm

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 19, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hauling Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

FATHER

13. NAME Daniel Hamm

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Francis Goodman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Helen Hamm
(ADDRESS) 912 N. Main Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Mausoleum DATE July 24th 1933

19. UNDERTAKER Weick Bros
(ADDRESS) 2201 S. Grand Boulevard

20. FILED 19 J. A. Bredeck Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21st 1933

22. I HEREBY CERTIFY, That I attended deceased from July 14 1933, to July 20 1933
I last saw alive on July 20 1933. Death is said to have occurred on the date stated above, at 12:25 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	
Chronic Valvular Disease	
2A 5 6 E Rheumatism	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Lyman L. Smith, M. D.

(Address) 2743 No Grand

2743 N. Green
7-8 P.M.